

Child Abuse and Abortion Availability

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“Unwanted” children may be more subject to child abuse and neglect by their parents or caretakers than are desired children, in part because such children may be born and raised in less favorable circumstances that foster maltreatment. In addition, parents may be more likely to maltreat unwanted children; sociological and medical studies suggest a link between unplanned births and subsequent child abuse (Susan J. Zuravin, 1987). Child abuse and neglect may be linked to abortion availability if reduced access to abortion providers leads to more births of unwanted or unplanned children and to maltreatment of some of these children, a possibility investigated in this paper.

A variety of evidence suggests that abortion availability affects fertility behavior and child outcomes. Increased abortion availability leads to lower birth rates and higher abortion rates (see e.g., Phillip Levine et al., 1999). In addition, abortion legalization appears to have led to an improvement in the average living conditions of children by reducing the number of children who would have lived in single-parent families, lived in poverty, received welfare, and died as infants (Jonathan Gruber et al., 1999). The improvement in child outcomes appears to be primarily due to changes in the composition of women who give birth, with the largest fertility declines occurring among young, unmarried, or nonwhite women. Such nonrandom selection may lead to less maltreatment of children if abortion access reduces births among groups where maltreatment is more prevalent. Alternatively, abortion availability may reduce

the number of unwanted children born to all women, leading to lower rates of child abuse and neglect.

We use data on the number of reports of child abuse and child neglect to examine the relationship between abortion legalization, post-legalization restrictions on abortions, and child maltreatment rates. The results suggest that legalization lowered total reported rates of child maltreatment. The effect of Medicaid funding restrictions, parental involvement laws, and mandatory waiting periods is unclear in our results.

I. Background

Child abuse and neglect is a substantial problem in the United States, with over 3 million cases of child maltreatment reported to state child protective service agencies in 1996 (Christina Paxson and Jane Waldfogel, 1999a). Neglect accounted for 58 percent of the reports, and physical abuse for about 22 percent; sexual abuse, emotional maltreatment, and other forms of child maltreatment accounted for 20 percent of reports that year. About three children die each day as a result of maltreatment (Deborah Daro and Leslie Mitchel, 1990). Paxson and Waldfogel (1999a, b) find that family structure, parental employment, and family income are related to child-maltreatment rates at the state level, with poverty rates strongly related to child-maltreatment rates; welfare benefits also appear to influence child-maltreatment rates.

Although the relationship between abortion availability and child maltreatment has not been previously investigated, previous studies suggest that abortion access affects other measures of children’s well-being. Abortion legalization in the 1970’s appears to have led to improved childhood living conditions, on average. Abortion availability is also positively associated with birth outcomes. Abortion legalization led to a decline in neonatal mortality rates (see e.g., Michael Grossman and Steven Jacobowitz,

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1981), and increased public funding of abortions may have led to improved birth weights and other birth outcomes (see e.g., Kenneth J. Meier and Deborah R. McFarlane, 1994).

Research on child abuse and fertility also suggests a link between child maltreatment and abortion availability. In a sample of unmarried mothers receiving AFDC, child abuse and neglect are positively associated with unplanned childbearing and negatively associated with maternal age at first birth (Zuravin, 1987, 1988). Maternal age at birth is also negatively associated with the likelihood that a child is abused (Mary I. Benedict et al., 1985). If greater access to abortion delays childbearing or reduces the likelihood that a birth is unplanned, greater abortion availability could lead to lower rates of child abuse and neglect.

II. Data and Methods

We use annual state-level data on the number of reports of child abuse and neglect from the American Humane Association and the National Committee to Prevent Child Abuse during 1976–1996. As Paxson and Waldfogel (1999a) note, the data have several limitations. Not all instances of child maltreatment are reported, and not all reports are valid. We use data on both the total number of reports and the number of substantiated reports, but our results for substantiated reports include only the period 1990–1996 because few states reported the number of substantiated cases prior to 1990. Moreover, reporting requirements, definitions of abuse, and data reported differ across states. Increased public awareness of child abuse, more stringent reporting requirements for teachers and health-care workers, and broader definitions of child abuse have led to an increase in child-abuse reports over time. Detailed data on individual characteristics of victims are scarce, but data on the number of substantiated or indicated reports by age of the child are available beginning in 1990.

We regress the log of the number of reports of child maltreatment per 1,000 children in a given state and year on measures of abortion availability, economic conditions, demographic makeup, state and year fixed effects, and time

trends. We use three measures of reported child-maltreatment rates: total reported incidents per 1,000 children aged 0–17 during 1976–1996; substantiated reports of the number of victims per 1,000 children aged 0–17 during 1990–1996; and substantiated reports of victims per 1,000 children by single year of age for ages 0–17 during 1990–1996.

We use two sets of variables to measure abortion availability. The first set of abortion-availability variables measures abortion restrictions for the same year as the child-abuse reports. These regressions measure the relationship between contemporaneous abortion restrictions and child maltreatment. The abortion-restriction variables are the fraction of the year that a state enforced or enjoined a Medicaid funding restriction, a parental involvement law, and a mandatory waiting period.

However, whether a child is abused may be more related to abortion availability at the time of conception than to contemporaneous abortion policy. We therefore construct a second set of abortion variables that measure abortion availability during the year prior to children's year of birth. The largest variation in access to abortions is whether they were legal in a state, but pre-1990 data on child-abuse reports disaggregated by age are not available; before 1990, only data that aggregate reports for all children aged 0–17 are available. For the data that aggregate across ages, we construct a weighted average of abortion policies during the past 18 years, where the weights are the age distribution of children currently living in the state, based on data from the Census Bureau.¹ In addition to measuring enforced and enjoined post-legalization restrictions, this set of abortion policy variables includes a measure of whether abortion was legal in the state at the time of conception, because some children were born prior to abortion legalization. For the data disaggregated by single year of age, the abortion-policy variables

¹ The construction of this measure of abortion exposure implicitly assumes that children currently live in the state in which they were born. In the 1990 Census, about 80 percent of children aged 0–17 lived in the state in which they were born. Although this approach introduces measurement error because of migration, it incorporates information about abortion restrictions at the time of conception.

are measured the year prior to the estimated year of birth.

The regressions control for economic factors that may influence child abuse, including the current and previous-year unemployment rate, the log of real average income per capita, and the log of real welfare payments. The regressions also control for the percentage of the population living in urban areas, the fraction of the relevant population that is nonwhite, the number of marriages and divorces per 1,000 women aged 15–44, and the number of prisoners, hospital beds, and doctors per capita. The regressions include dummy variables indicating whether the state legislature and the governor are all Republican or all Democratic, and a dummy variable indicating whether the state allows unilateral divorce. The regressions that use measures of abortion policy at the time of conception add population-weighted variables measuring these factors at the time of conception. The regressions using data aggregated across ages also include 17 variables measuring the age distribution.

All regressions include state fixed effects to control for time-invariant heterogeneity across states in reporting requirements and other factors, year fixed effects, and state-specific time trends to control for linear trends in child-abuse reporting. Regressions using data disaggregated by age also include year-of-birth fixed effects. We estimate the regressions using ordinary least squares, weighting by the relevant population in the state and year. The standard errors are White-corrected for heteroscedasticity.

III. Results

Contemporaneous abortion restrictions are generally positively associated with child maltreatment report rates. As column (i) of Table 1 shows, states with enforced or enjoined Medicaid-funding restrictions have significantly higher rates of child-maltreatment reports than other states. States with enjoined mandatory-delay laws also have higher rates of total child maltreatment reports [column (i)] but we view the results for waiting periods with caution because such laws were in place only toward the end of our sample period for very few states. Contemporaneous enforced parental-involvement

TABLE 1—RELATIONSHIP BETWEEN CHILD-ABUSE REPORTS AND CONTEMPORANEOUS ABORTION RESTRICTIONS

Restriction	(i)	(ii)	(iii)
	All	Substantiated	Age-specific
Medicaid-funding restriction enforced	0.325 (0.059)	0.066 (0.112)	0.071 (0.075)
Medicaid-funding restriction enjoined	0.205 (0.073)	0.060 (0.222)	0.185 (0.145)
Parental-involvement law enforced	-0.021 (0.064)	-0.128 (0.079)	0.134 (0.062)
Parental-involvement law enjoined	0.022 (0.057)	-0.203 (0.093)	-0.166 (0.072)
Mandatory-delay law enforced	0.104 (0.108)	0.230 (0.129)	0.081 (0.076)
Mandatory-delay law enjoined	0.200 (0.068)	0.108 (0.079)	0.056 (0.050)
No. observations:	1,057	331	5,553
Adjusted R^2 :	0.917	0.965	0.727

Notes: Standard errors are reported in parentheses. The dependent variable is the log of reports, substantiated reports, or substantiated victims per 1,000 children in the relevant age group. Columns (i) and (ii) combine all children aged 0–17; column (iii) reports results for substantiated victims by single year of age. Column (i) is from 1976–1996, and columns (ii) and (iii) are from 1990–1996. Regressions also control for economic conditions, demographic and political composition, state and year fixed effects, and state-specific trends (see text for details).

laws are positively associated with age-specific substantiated child-maltreatment rates [column (iii)]. Enjoined parental involvement laws are negatively related to substantiated report rates [columns (ii) and (iii)].

Because these contemporaneous regressions may misstate the association between abortion restrictions and child-abuse reports, we also present results using a measure of abortion access at the time of conception. These results are shown in Table 2.

Abortion legalization appears to have led to lower rates of total child-maltreatment reports. Abortion legalization at the time of conception is negatively associated with subsequent child-maltreatment rates during 1976–1996 [column (i) of Table 2]. Abortion legalization is not significantly associated with substantiated reports in age-aggregated or age-specific data during 1990–1996. However, very few children in those samples were born prior to legalization (only children aged 17 in 1990 in states that did not legalize abortion prior to *Roe v. Wade*).

There are several significant relationships between child-maltreatment rates and post-legalization restrictions at the time of conception. Enforced parental-consent or notification

TABLE 2—RELATIONSHIP BETWEEN CHILD-ABUSE REPORTS AND ABORTION RESTRICTIONS AT THE TIME OF CONCEPTION

Restriction	(i)	(ii)	(iii)
	All	Substantiated	Age-specific
Abortion legal	-2.200 (0.667)	3.092 (2.724)	0.253 (0.223)
Medicaid-funding restriction enforced	-0.619 (0.368)	0.739 (1.232)	0.032 (0.038)
Medicaid-funding restriction enjoined	0.521 (0.459)	-1.565 (1.396)	-0.087 (0.040)
Parental-involvement law enforced	-0.600 (0.302)	0.749 (0.997)	-0.036 (0.033)
Parental-involvement law enjoined	-0.826 (0.303)	0.763 (1.095)	-0.130 (0.034)
Mandatory-delay law enforced	1.020 (1.101)	-0.750 (1.095)	-0.680 (0.180)
Mandatory-delay law enjoined	2.397 (0.815)	2.837 (1.550)	-0.434 (0.097)
No. observations:	1,057	331	5,553
Adjusted R ² :	0.927	0.968	0.744

Notes: Standard errors are reported in parentheses. The dependent variable is the log of reports, substantiated reports, or substantiated victims per 1,000 children in the relevant age group. Columns (i) and (ii) combine all children aged 0–17; column (iii) reports results for substantiated victims by single year of age. Column (i) is from 1976–1996, and columns (ii) and (iii) are from 1990–1996. Regressions also control for economic conditions, demographic and political composition, state and year fixed effects, and state-specific trends (see text for details).

laws are associated with lower total rates of child-maltreatment reports [column (i)]. This negative effect is counter to our hypothesis that abortion restrictions raise child maltreatment. However, Thomas J. Kane and Douglas Staiger (1996) find that parental-involvement laws lower teen birth rates, which is consistent with our results. Enjoined parental-involvement laws lead to lower total report rates [column (i)] and lower substantiated age-specific rates [column (iii)]. Enjoined Medicaid-funding restrictions and enforced mandatory-delay laws are both associated with lower substantiated age-specific maltreatment rates [column (iii)]. Enjoined mandatory-delay laws are associated with both higher total report rates [column (i)] and lower substantiated age-specific report rates [column (iii)].

IV. Conclusion

Our findings suggest that abortion legalization lowered rates of child abuse and neglect, based on total reports of child maltreatment. We do not find a consistent relationship between

post-legalization restrictions and reported child-maltreatment rates. This disparity is not surprising given that abortion legalization should have a much larger effect on fertility than other restrictions, some of which directly affected only a subset of women. Previous studies have similarly reported mixed theoretical predictions and empirical results for the fertility effects of post-legalization abortion restrictions. Our results add to the growing literature investigating the relationship between measures of children's well-being and public policies and suggest that large-scale changes in abortion availability may affect child abuse and neglect.

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